

BluePreferred

NORTHERN ARIZONA UNIVERSITY

Group #2 Effective 10/01/04

Summary of Benefits



Summary of Benefits

See Provider Alternatives (below) to understand the impact of using in and out-of-network providers

Summary of Benefits	Preferred Provider (PPO) In-Network	Non-Preferred Provider (Non-PPO) Out-of-Network
Deductible	\$0 calendar year deductible;	\$300 calendar year deductible; \$600 family deductible maximum.
Coinsurance	BCBSAZ pays 100% , unless a different coinsurance percentage is indicated	BCBSAZ pays 60% , after meeting deductible , unless a different coinsurance percentage is indicated
Out-of-pocket Maximum	\$1,000 per person, per calendar year \$2,000 per family, per calendar year (excluding deductible, copayments, access fees). After meeting the out-of-pocket maximum, BCBSAZ pays 100%	\$3,000 per person, per calendar year \$6,000 per family, per calendar year (excluding deductible, copayments, access fees). After meeting the out-of-pocket maximum, BCBSAZ pays 100%
Office Visit	\$15 copayment per visit; \$10 copayment per visit at Fronske Health Center	BCBSAZ pays 60% , after meeting deductible
Laboratory Services	During an office visit, copay applies. At contracted, freestanding, independent clinical labs, BCBSAZ pays covered services at 100% .	BCBSAZ pays 60% , after meeting deductible
Other Professional Services	BCBSAZ pays 100% Diagnostic, surgical and anesthesia services rendered outside the doctor's office.	BCBSAZ pays 60% , after meeting deductible
Inpatient - Hospital	BCBSAZ pays 100%	BCBSAZ pays 60% , after meeting deductible
Outpatient Services (Facility charges)	BCBSAZ pays 100%	BCBSAZ pays 60% , after meeting deductible
Emergency Room	\$75 access fee per visit; then BCBSAZ pays 100% ; emergency room access fee is waived if you are admitted to the hospital	
Urgent Care	\$20 copayment, deductible waived	BCBSAZ pays 60% , after meeting deductible
Prescription Drugs A prescription drug mail order program is available for maintenance drugs.	\$ 7 Generic \$20 Preferred Brand \$40 Non-Preferred Brand A \$80 Non-Preferred Brand B Mail Order Prescription Drugs: 1X applicable copayment level for a 90-day supply of a maintenance drug.	In addition to the applicable copayment, you will be responsible for the difference between the out-of-network pharmacy's billed charge and BCBSAZ's allowed amount
Preventive Care <ul style="list-style-type: none"> Well child care Well woman care Routine Physicals 	\$15 copayment per visit; \$10 copayment per visit at Fronske Health Center	BCBSAZ pays 60% , deductible waived
Mammography	BCBSAZ pays 100%	BCBSAZ pays 60% , deductible waived
Maternity Physician Hospital	Office visit copayment applies only to first prenatal visit. Calendar year deductible and coinsurance are waived on physician's global delivery fee.	Physician and Hospital: BCBSAZ pays 60% , after meeting deductible
	BCBSAZ pays 100%	
Skilled Nursing Facility	BCBSAZ pays 100% , for up to 90 days. After 90 days, BCBSAZ pays 50% up to an additional 90 days, which will not count toward out-of-pocket maximum.	BCBSAZ pays 60% , after meeting deductible, for up to 90 days. After 90 days, BCBSAZ pays 50% up to an additional 90 days, which will not count toward out-of-pocket maximum.
Inpatient Extended Active Rehabilitation	BCBSAZ pays 100% , for up to 90 days. After 90 days, BCBSAZ pays 50% up to an additional 60 days, which will not count toward out-of-pocket maximum.	BCBSAZ pays 60% , after meeting deductible, for up to 90 days. After 90 days, BCBSAZ pays 50% up to an additional 60 days, which will not count toward out-of-pocket maximum.

Physical -Occupational & Speech Therapy	Physical/Occupational Therapy -BCBSAZ pays 100% , for first 160 modalities or therapeutic services per calendar year Speech Therapy - BCBSAZ pays 100% , for first 20 visits per calendar year After the first 160 modalities or 20 visits, BCBSAZ pays 50%, deductible waived.	
Behavioral/Mental Health Biodyne services are available only in Arizona.	Physical/Occupational Therapy -BCBSAZ pays 60% , deductible waived for first 160 modalities or therapeutic services per calendar year Speech Therapy - BCBSAZ pays 60% , deductible waived for first 20 visits per calendar year After the first 160 modalities or 20 visits, BCBSAZ pays 50%, deductible waived.	
	Inpatient: Three admissions per calendar year (not to exceed 30 days). PPO provider: BCBSAZ pays 100% Non-PPO provider: BCBSAZ pays 50% , after meeting deductible Outpatient: You may choose PPO or non-PPO providers or the behavioral services administrator (Biodyne). PPO/non-PPO providers: BCBSAZ pays 50% , after meeting deductible for 20 psychological sessions per calendar year Biodyne: unlimited psychotherapy and counseling: \$10 per visit for the first 10 visits per year. \$100 calendar year copayment maximum per person; \$200 calendar-year copayment maximum per family.	
Routine Vision Care	Routine eye exams, frames, lenses or contact lenses covered at 50% (deductible waived), up to a maximum of \$250 in any 24-month period, beginning with the first date of service.	
Hearing Exam	\$15 copayment per visit, one per calendar year.	BCBSAZ pays 60% , one per calendar year.
Hearing Aid/Appliance	50% of cost up to a maximum benefit of \$500 per ear per calendar year.	
Contract Maximum	\$3,000,000 maximum benefit while the contract is in force. All payments by BCBSAZ (for both PPO and non-PPO providers) apply toward the contract maximum.	

Provider Alternatives - Your out-of-pocket costs will differ depending on which type of provider you select

BluePreferred Providers (PPO)	These providers have agreed to accept the BCBSAZ allowed amount for covered services and will file claims to BCBSAZ for members.
Participating Providers (Non-PPO)	Arizona health care providers who are not contracted for BCBSAZ's BluePreferred plans but are part of the BCBSAZ Participating provider network. These providers have agreed to accept the BCBSAZ allowed amount for covered services and will file claims to BCBSAZ for members.
Non-Contracted Providers (Non-PPO)	Providers who have no agreement with BCBSAZ. Non-contracted providers may charge members for the difference between the allowed amount and their billed charges. You will have more out-of-pocket expense, and non-contracted providers are not obligated to file claims for members.

Network providers are independent contractors exercising independent medical judgment and are not employees, agents or representatives of BCBSAZ. BCBSAZ has no control over any diagnosis, treatment or services rendered by any provider.

When there another source of payment, such as a liability insurer, government or uninsured and/or uninsured motorist coverage, network providers may be entitled to collect from the other source or from proceeds received from the other source any difference between the BCBSAZ allowed amount and their billed charge.

Important Information:

- For services to be covered under this benefit plan, they must be considered medically necessary by BCBSAZ based on specific criteria that is available to you upon request. Where benefits are provided by a third-party administrator, the third-party administrator may determine medical necessity based on its own criteria, which is also available upon request.
- The BCBSAZ allowed amount is calculated using the lesser of billed charges or the applicable BCBSAZ fee schedule, less any contractual discounts. Coinsurance is based on the BCBSAZ allowed amount for covered services.
- Certain services are excluded from the out-of-pocket maximum calculation. Coinsurance applicable to behavioral/mental health services does not count toward the out-of-pocket maximum. Benefits paid at 50% for the additional 60 days of inpatient rehabilitation or 90 days of skilled nursing services do not count toward the out-of-pocket maximum and will not be paid at 100% if the out-of-pocket maximum has been satisfied. Please refer to the benefit plan booklet for additional information on expenses that do not apply to the out-of-pocket maximum.
- Precertification is required for some services. If precertification is not obtained when required, benefits may be denied or you may have to pay an additional \$300 deductible. Please refer to your benefit plan booklet for detailed information on precertification requirements.

- When the price BCBSAZ pays a contracted pharmacy for a drug is less than your copayment, some pharmacies will charge you the BCBSAZ price. However, most pharmacies will charge you their usual and customary price (if also less than the copayment), rather than the BCBSAZ price. When using your BCBSAZ ID card, you will never be required to pay more than your copayment for a Level 1, 2, 3 or 4 drug at a contracted pharmacy.
- Certain injectable drugs are subject to precertification. Injectable drugs not covered at a retail pharmacy may be covered under medical benefits and are subject to BCBSAZ medical necessity guidelines.
- For certain prescription drugs indicated in the prescription medication guide, the quantity of medication covered per coinsurance/copayment may be limited by dose or by the number of units, even though your physician may prescribe a higher dose or greater number of units.

A 12- MONTH WAITING PERIOD FOR PRE-EXISTING CONDITIONS MAY APPLY. A pre-existing condition is defined as a condition, regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was recommended or received during the 90-day period immediately preceding the subscriber's enrollment date. For purposes of determining a pre-existing condition waiting period, enrollment date means the subscriber's effective date of coverage under this benefit plan or the first day of the group's eligibility waiting period, whichever is earliest. IMPORTANT: Pregnancy is not considered a pre-existing condition. Credit will be given for periods of prior creditable coverage as long as there was no period of sixty-three (63) days or more(excluding group eligibility waiting periods) during which you were not covered under any creditable coverage. Creditable coverage is coverage provided under a group health plan (insured or self-insured), an individual insurance policy, Medicare, Medicaid, a public health plan (i.e., AHCCCS), a health risk benefits pool, CHAMPUS, Peace Corps, Bonafide Association, Indian Health Service, or the Federal Employee Health Benefits Plan. You have the right to demonstrate to BCBSAZ that you have had prior creditable coverage by providing a Certificate of Creditable Health Coverage or other documentation of such coverage. BCBSAZ can calculate your creditable coverage prior to your effective date upon your request. Please call 602-864-4456.

Note: This is only a brief summary of this benefit plan. A complete listing of all benefits, limitations and exclusions is in the benefit plan booklet and is available prior to enrollment upon request.

EXCLUSIONS

The following is a list of conditions and services that are limited or excluded. The exclusions that are listed can also be found in the Benefit Plan Booklet, which will be sent to you when you enroll or upon request prior to enrollment. Expenses for services that exceed benefit limitations are not covered. In addition, no benefits will be paid for expenses associated with the following:

- Abortions (non-spontaneous, medically induced)
- Activity therapy
- Acupuncture
- Alternative medicine, including naturopathic and homeopathic medicine
- Biofeedback and/or hypnotherapy
- Cognitive and vocational therapy
- Complications of body piercing/tattooing
- Complications of non-covered benefits
- Cosmetic or aesthetic services, except for breast reconstruction following a medically necessary mastectomy in accordance with state and/or federal law
- Counseling or behavioral modification services
- Court-ordered services – testing, treatment or therapy, unless such services are otherwise covered under this benefit plan
- Custodial care except for limited hospice benefits
- Dental/orthodontic services or supplies
- Dietary and nutritional supplements or special foods or diets, even if prescribed by a physician or other eligible provider, except for specific medical foods to treat inherited metabolic disorders in accordance with Arizona law as described in the "Medical Foods" section of the Benefit Plan Booklet
- Environmental medicine
- Fees other than for medically appropriate in-person, direct patient treatment, tests, services, medications, supplies or equipment

- Fertility or infertility treatment, drugs, or procedures
- Foot care, except when medically appropriate for diabetics or neurological involvement or peripheral vascular disease of the foot or lower leg
- Genetic/chromosome testing and screening – genetic/chromosomal testing of an asymptomatic or unaffected individual or an individual not displaying signs or symptoms of a suspected or specific inherited disorder.
- Government services – services available under a government health program
- Investigational treatments, procedures, equipment, drugs, devices or supplies, as determined by BCBSAZ and only as required by Arizona law
- Lodging and meals, except for covered transplant travel benefits
- Medications dispensed in a physician's/provider's office – prescription medications and over-the-counter medications, including pharmaceutical manufacturer's samples, dispensed to the patient in a physician's/provider's office by any mode of administration. This does not include eligible injectable drugs administered in the physician's office.
- Non-medically necessary services as determined by BCBSAZ. BCBSAZ may not be able to determine medical necessity until after services are rendered
- Over-the-counter drugs – any drug, medicine, device, equipment supply (except for certain diabetic supplies and inhaler spacers as described in the pharmacy benefit), that is lawfully obtainable without a prescription
- Personal comfort items
- Screening tests except as specifically described in this benefit plan
- Services or supplies delivered prior to the coverage effective date or after the coverage termination date
- Services or supplies related to or associated with a non-covered service or supply
- Services from family member(s) – services that are provided by an eligible provider who is a member of your immediate family, or services for which you have no legal obligation to pay
- Services without a prescription, when a prescription is required
- Services of ineligible providers
- Services not requiring a licensed professional
- Smoking cessation programs, medications or devices, except as stated in the benefit plan
- Telephonic or electronic consultations
- Therapy services except as expressly provided in this benefit plan
- Training and education, except for certain diabetic and asthma training, or training related to BCBSAZ established disease management program(s)
- Transplants (organ, tissue, bone marrow/peripheral stem cell rescue procedures) not approved by BCBSAZ; nor high-dose chemotherapy, radiation administered in conjunction with a non-covered transplant
- Transport services or travel expenses, except for covered ambulance services and covered transplant travel benefits
- Transsexual treatment or surgery and/or any related services
- Treatment for behavioral/mental health conditions at non-acute facilities, (e.g., residential, skilled nursing)
- Vision therapy, radial keratotomy, all types of refractive keratoplasties, eyeglasses and contact lenses and the vision examination for prescribing and fitting of the same, except as otherwise stated as a benefit in the benefit plan
- Vitamins – except for certain vitamins when a prescription is written by a physician
- Weight loss/gain therapy or treatment, including, but not limited to, Xenical® and Meridia® (except for certain surgical services)
- When a provider is also the covered person, services rendered by that provider for him/herself are excluded from coverage.
- Workers' Compensation – services for an illness or injury covered by Workers' Compensation or similar benefits, unless you are exempt from such coverage or have made a statutory opt-out election.